

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5418 63-039972  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 002 Registrar's No.

FILED OCT 21 1963

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hazelwood Rest Home</b>		d. STREET ADDRESS <b>3231 Prospect</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Charles Augustus Jones</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>4</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 28-1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Chicago &amp; Alton RR</b>	11. BIRTHPLACE (City and state or country) <b>Danville, Illinois</b>
13a. FATHER'S NAME <b>James M. Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret L. Jones Decd.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>Forrest Redford 11908 E. 39th Indep. Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cerebral Thrombosis</b> DUE TO (b) <b>Cerebral arteriosclerosis</b> DUE TO (c) <b>4 days</b> 4 years		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> 4 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Oct 1, 1957</b> to <b>Oct 4, 1963</b> and last saw him alive on <b>Sept. 23, 1963</b> Death occurred at <b>3:30</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>John K. Caldwell M.D.</b> (Degree or title)	
22b. ADDRESS <b>306 E 12 St. Kansas City, Mo.</b>		22c. DATE SIGNED <b>10/6/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-7-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Independence, Missouri</b>		24. FUNERAL DIRECTOR ADDRESS <b>Geo. C. Carson &amp; Sons Independence, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>10-7-63</b>		26. REGISTRAR'S SIGNATURE <b>Bessie Smith</b>	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

John K. Caldwell MEDICAL CERTIFICATION

Caldwell  
1036 August

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Robert Kenneth Peterson*

Licensed Embalmer No. 46697

P. O. Address Indy Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.